Augusta Health Foundation

PO Box 909 • Fishersville, VA 22939
540-332-5174 • ahfoundation.augustahealth.com

YES! I would like to support the lifesaving programs at Augusta Health.

Enroll online at: www.augustahealth.com/foundation/team-member-giving **OR complete the form below.**

NAME: _____ EMPLOYEE NUMBER: _____

DEPARTMENT OR PRACTICE: _____ WORK LOCATION: _____

HOME ADDRESS: _____

HOME PHONE: _____ HOME EMAIL: _____

☐ **I am a NEW donor** ☐ **I am a CURRENT donor**

I would like my donation to be evenly distributed into these funds* (choose all that apply):

☐ Team Member Emergency Fund
☐ Dr. Tom Carter Memorial Scholarship
☐ Other: _____
☐ HealthRides Patient Transportation Fund
☐ Unrestricted Patient Care Fund

*For a complete description of each fund, please scan

☐ I want my gift to be anonymous

PAYMENT TYPE

☐ PAYROLL DEDUCTION. I authorize Augusta Health to deduct the following monetary or time allotments from my bi-weekly pay as indicated below. This deduction will remain in place until I cancel it by notifying the Foundation in writing.

TIME: **(per hourly rate/pay period)***
☐ 15 min.*
☐ 30 min.*
☐ Other: _____
☐ 60 min.*
☐ 90 min.*

Your giving will automatically change with your compensation adjustments annually. No additional forms needed.

MONETARY:
☐ $5/pay period
☐ $10/pay period
☐ $20/pay period
☐ $40/pay period
☐ $50/pay period
☐ Other: _____

☐ PTO. Please deduct ____ hours* from my PTO bank as a donation.

***Full-time employees minimum 4 hours, Part-time minimum 2 hours.** *[Must keep 80 hours (full-time) or 40 hours (part-time) in PTO bank.*

PTO hours donated are taxable under IRS rules and will be reported as taxable wages on your payroll check. Donated PTO is also subject to 403b deferrals.]

Date:* _____ Signature:* _____

*Date and signature are required to begin deductions

☐ CASH/CHECK Please make checks payable to the Augusta Health, note Foundation in memo line.
My total gift of $_____ is enclosed.

☐ CREDIT CARD/PAYPAL/VENMO Please visit: ahfoundation.augustahealth.com/foundation/give-now

Scan to learn more!

THANK YOU!

Send completed form to: ahfoundation@augustahealth.com